

PENISTONE  
URBAN DISTRICT COUNCIL



ANNUAL REPORT

of the

Medical Officer of Health

for the Year

1961





PENISTONE URBAN DISTRICT COUNCIL.

HEALTH COMMITTEE, 1961.

COUNCILLOR W. MURPHY (Chairman of the Committee)

- " J.R. ATKINSON (Vice-Chairman of Committee)
- " J. FITZHENRY, J.P. (Chairman of Council)
- " S. PALFREYMAN (Vice-Chairman of Council)
- " D. FERGUSON
- " W. GLEDHILL
- " MRS. E.M.K. GREEN
- " T.H. HELLIWELL
- " A. MEARS
- " D.S. MIDDLETON
- " D.W. MYERS
- " G.R. TINKER, J.P.
- " C.R. VARLEY
- " E. WARING
- " C. WATTS

STAFF OF THE HEALTH DEPARTMENT.

Medical Officer of Health.

J. MAIN RUSSELL, M.B., Ch.B.(Edin.), B.Hy., D.P.H.

Deputy Medical Officer of Health and  
Senior Assistant County Medical Officer.

J.J. SMITH, M.B., Ch.B., D.P.H. (Retired 30th Sept., 1961)

F.C. ARMSTRONG, M.B., B.Ch., D.P.H. (Apptd. 1st Nov., 1961)

Surveyor and Public Health Inspector.

D. TUTIN, M.A.P.H.I., Cert. S.I.E.J.B., Cert. M. & F.I.

Additional Public Health Inspectors.

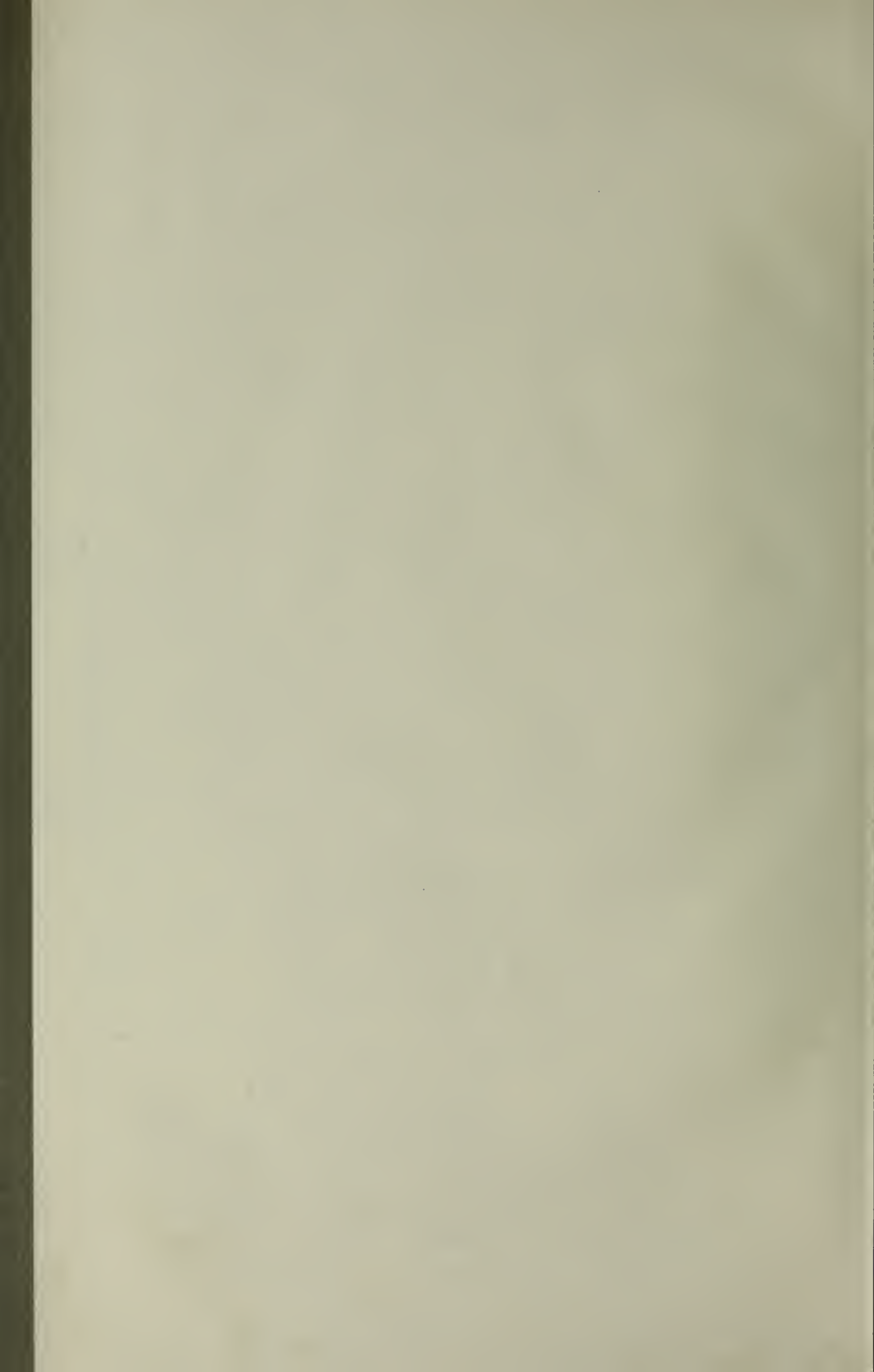
D.N. FURNISS, M.A.P.H.I., Cert. S.I.E.J.B., Cert. M. & F.I.

R.C. STUTTLE, Cert. S.I.E.J.B., Cert. M. & F.I.

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MORTOMLEY HALL, HIGH GREEN, SHEFFIELD.

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PENISTONE URBAN DISTRICT COUNCIL.

Annual Report of the Medical Officer of Health  
for the year 1961.

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To the Chairman and Members of Penistone Urban District Council.

Lady and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Penistone Urban District for the year ended 31st December, 1961. Included in this report is a short review, principally statistical, concerning the extent to which the Part III Services are available and used in the district.

The Vital Statistics for the year 1961 are quite encouraging in that the Birth Rate has remained practically stationary, although still lower than that for the rest of the Country, but the Death Rate has fallen considerably and, in fact, is the lowest Death Rate we have had in Penistone Urban District so far as my records are concerned. The Death Rate compares most favourably with that for England and Wales and for the West Riding Administrative County. The Still-birth Rate also has fallen to the lowest figure since 1952, and at 8.6 per 1,000 live and still-births it is less than half that for the rest of the Country. The Infantile Mortality Rate is in all respects similar to that for 1960. There were three infantile deaths in 1961, as there were in 1960. Dealing with such small numbers one infant death means a marked variation in the mortality rate. Of the three children who died, two were prematurely born and died within the first week of life. One child died before reaching the age of three months and, unfortunately, died from an infection of the gastro-intestinal tract. I am always sorry when a young life is lost because of an infection like this, which is, or should be, preventable. The principal cause of death is Disease of the Circulatory System, which includes Coronary Disease. This condition was responsible for over 40% of the total number of deaths. Together with Vascular Diseases of the Nervous System, these two categories were responsible for 39 of the 68 deaths. Malignant Disease was responsible for 10 deaths, and there were 2 deaths from Lung Cancer.

I am very glad to be able to report that during the year we had no fatal accidents in the district. In 1960 there were 6 fatal accidents, 2 road deaths and 4 home accident deaths. In Penistone we have a very active Home Safety Committee, meeting regularly and organising propaganda efforts at regular intervals. It is not easy to keep a Home Safety Committee together, and I always feel that there does not seem to be the same attraction as there is about the companion Committee, the Road Safety Committee. However, in Penistone it has held together very well and much good work is done. I am very grateful to them for their help. There is also in Penistone an active Road Safety Committee, and I think that both Committees must be gratified to learn that during the year there were no fatal accidents within their district.

The Infectious Diseases picture is not so bright as that for 1960. There were only 19 cases in 1960, and in 1961 there were 323. Of those, Measles accounted for 298. Scarlet Fever accounted for 12 cases as against 4 for the previous year, whilst there were only 2 cases of Whooping Cough compared with 15 in the previous year. The two minor epidemics of Measles and Scarlet Fever occurred early in the year, but there was no resultant morbidity and the cases were all of a mild type.

Mr. Tutin has prepared the report dealing with Sanitary Circumstances, and that I include in this review.



In the Penistone Urban District 98% of all houses are connected to the main sewer, and of the remaining few houses not so provided more than half have a satisfactory and efficient drainage. The remaining approximately 25 to 28 are drained to a system which requires supervision, and this is provided by the Public Health Inspectors when necessary.

In my report last year I mentioned that I was becoming concerned about the grossly overburdened state of the Sewage Disposal Works at Spring Vale. Arrangements are now well advanced for the putting into operation of the new scheme of Disposal Works, and at the end of the year much of the preliminary work had been completed. It is our hope that by the end of 1962 the construction work will be in progress.

The water supply to the Penistone Urban District is provided by the Barnsley Corporation Waterworks. Of the 2,516 houses within the Urban District, only 44 do not receive a piped supply from the main.

I am grateful to the Waterworks Engineer and Manager for the following information concerning the water supply for the year ended 31st December, 1961, which I give verbatim.

"All but 44 of the habitable dwelling houses in the District are taking a supply of water from the mains of the Water Undertakers (the Barnsley Corporation), and the supply has been adequate during the year.

Analyses have shown no evidence of plumbo-solvent action or contamination by lead. All the water is chlorinated at the source.

The water is supplied from boreholes and springs, and the following bacteriological examinations have been made during the year :-

	<u>By Corporation.</u>	<u>By City Analyst.</u>	<u>Total.</u>
Boreholes:	110	24	134
Springs:	56	12	68
			<u>202</u>

Four only of the examinations gave unsatisfactory results, and in these four cases satisfactory results were obtained on re-testing.

During the year work has started on the reconstruction and covering of the open service reservoir at Cross Royd and on the construction of a new service reservoir at Mossley. This should be completed before the end of 1962."

The Public Health Inspectors continue to provide a Meat Inspection Service at the Abattoir in the centre of the town, and this is inevitably very time consuming. Notwithstanding the difficulties at times involved the service is still maintained at a high standard of efficiency.

In concluding this short preamble to my report I would like to put on record my thanks to the Chairman and Members of the Health Committee for their continued support during the year; to the Clerk of the Council for his personal help at all times, and to the remainder of the staff of the Council for their general co-operation

in the work of the Department. I want particularly to acknowledge the excellent work done by Mr. Tutin and his staff and their personal assistance to me in the environmental health work.

Finally I would like to acknowledge the assistance and advice received from Dr. J.J. Smith, the Senior Assistant County Medical Officer, during the year until the date of her retirement. Dr. Smith left the Service at the end of September and was succeeded by Dr. F.C. Armstrong on the 1st November. I am grateful to Dr. Armstrong for his loyal support during the remainder of the year.

I am,

Your obedient servant,

J. MAIN RUSSELL

Medical Officer of Health.



# DISTRICT STATISTICS IN BRIEF.

The Penistone Urban District covers an area of 5,593 acres. The district is divided into 3 parts, Penistone, Thurlstone and Hoylandswaine.

The Rateable Value of the District at the 1st April, 1961 was £65,361, whilst the product of a penny rate was £259.10s.10d.

## VITAL STATISTICS.

### POPULATION.

The Registrar-General has given his estimation of the population at mid 1961 as 7,070. This is an increase of 330 as compared with 1960.

### BIRTHS.

There were 115 live births registered in the district during the year. Of these 60 were males and 55 females. There were seven illegitimate births, 4 male and 3 female.

The uncorrected BIRTH RATE was 16.3 per 1,000 of the estimated population. After application of the Comparability Factor (1.02) issued by the Registrar-General, the corrected Birth Rate was 16.6.

### STILL-BIRTHS.

There was one Still-birth registered in the district during the year, a male.

### DEATHS.

68 deaths were attributed to the district during 1961; of these 32 were males and 36 females.

The CRUDE DEATH RATE was, therefore, 9.6 per 1,000 of the estimated population. By application of the Death Comparability Factor (1.01) the corrected rate was 9.7.

Set out below are tables of Live Birth Rates, Still-birth Rates and Crude Death Rates, with those rates for other parts of the Country. From these tables it can be seen how the district compares with the Country generally.

## RATES PER 1,000 OF THE ESTIMATED POPULATION.

<u>Year.</u>	<u>England and Wales.</u>	<u>West Riding Administrative County.</u>	<u>Penistone U.D.</u>
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### LIVE BIRTHS

1961	17.4	17.2	16.3
1960	17.1	16.9	16.6
1959	16.5	16.5	15.8
1958	16.4	16.7	15.1

### DEATHS (Crude Death Rates)

1961	12.0	12.1	9.6
1960	11.5	11.5	12.5
1959	11.6	11.6	12.2
1958	11.7	11.9	11.8

### STILL BIRTHS

(Rates per 1,000 Live and Still Births)

1961	18.7	20.2	8.6
1960	19.7	22.4	17.5
1959	20.7	20.4	27.5
1958	21.6	22.8	38.1



INFANT MORTALITY.

There were 3 deaths of children under one year of age during 1961, equivalent to an Infantile Mortality Rate of 26.1 per 1,000 Live Births.

AGE DISTRIBUTION OF INFANT DEATHS.

Cause of Death.	Total					Total				
	Under 1-wk.	1-2 wks	2-3 wks	3-4 wks	under 4-wks	1-3 mths	3-6 mths	6-9 mths	9-12 mths	under 1-yr.
Gastro-enteritis	-	-	-	-	-	1	-	-	-	1
Prematurity	2	-	-	-	2	-	-	-	-	2

MATERNAL MORTALITY.

There were no maternal deaths during the year.

EPIDEMIC DISEASES.

There were no deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year.

PRINCIPAL CAUSES OF DEATH.

<u>CANCER.</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
Stomach	1	1	2
Lung	2	-	2
Breast	-	1	1
Other sites, including Leukaemia	2	3	5
<u>VASCULAR DISEASE OF NERVOUS SYSTEM</u>	3	7	10
<u>CIRCULATORY SYSTEM</u>			
Coronary Disease	6	1	7
Hypertension with Heart Disease	1	-	1
Other Heart Diseases	8	11	19
Other Circulatory Diseases	-	2	2
<u>RESPIRATORY SYSTEM</u>			
Influenza	1	1	2
Pneumonia	1	1	2
Bronchitis	3	1	4
Other diseases of respiratory system	1	-	1
<u>DIGESTIVE SYSTEM</u>			
Gastritis, Enteritis and Diarrhoea	-	2	2
<u>OTHER DEFINED and ILL-DEFINED DISEASES</u>	3	5	8
All causes	32	36	68

AGE DISTRIBUTION OF DEATHS

<u>AGE GROUP.</u>	<u>MALE.</u>	<u>FEMALE.</u>
Under 1 year	1	2
1 - 10 years	-	1
10 - 15 years	-	-
15 - 25 years	-	-
25 - 45 years	-	-
45 - 65 years	10	8
Over 65 years	21	25
	<u>32</u>	<u>35</u>
TOTAL	<u>32</u>	<u>35</u>

INQUESTS.

No Inquests were held, but in 2 cases the cause of death was certified by the Coroner after Post Mortem Examination without Inquest.

NATIONAL HEALTH SERVICE ACTS, 1946/57.

Vital Statistics.

Live Births	
Number	115
Rate per 1,000 population	16.3
Illegitimate Live Births per cent of total live births	6.1
Stillbirths	
Number	1
Rate per 1,000 total live and still-births	8.6
Total Live and Still-births	116
Infant Deaths (deaths under 1 year)	3
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	25.1
Legitimate " " " " legitimate live births	27.8
Illegitimate " " " " illegitimate " "	-
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	17.4
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	17.4
Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	25.9
Maternal Mortality (including abortion)	
Number of deaths	-
Rate per 1,000 total live and still-births	-

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS

AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis.

During the year 323 cases of Infectious Disease were notified. They were as follows :-

Scarlet Fever	12
Measles	298
Pneumonia	1
Whooping Cough	2
Dysentery	4
Food Poisoning	5
Meningococcal Infection	1
	<u>323</u>

AGE DISTRIBUTION OF INFECTIOUS DISEASES.

DISEASE	AGE GROUP										TOTALS			
	0 - 1 yr.	1 - 2 yrs.	2 - 3 yrs.	3 - 4 yrs.	4 - 5 yrs.	5 - 10 yrs.	10 - 15 yrs.	15 - 25 yrs.	25 - 35 yrs.	35 - 45 yrs.		45 - 65 yrs.	65 yrs. & over	Age unknown.
Measles	8	27	37	39	26	155	8	-	-	-	-	-	-	298
Scarlet Fever	-	1	-	2	-	3	5	-	-	-	-	-	1	12
Whooping Cough	-	1	-	-	-	1	-	-	-	-	-	-	-	2
Dysentery	-	1	-	-	-	-	1	-	-	2	-	-	-	4
Food Poisoning	-	-	-	-	-	-	1	1	-	-	-	-	3	5
Acute Pneumonia	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Meningococcal Infection	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS :	9	30	37	41	26	157	15	1	-	2	1	-	4	323



ATTACK RATE OF COMMONER INFECTIOUS DISEASES.

<u>Disease</u>	<u>England and Wales</u>	<u>West Riding Administrative County</u>	<u>Penistone U.D.</u>
Measles	16.52	17.63	42.15
Whooping Cough	0.53	0.51	0.28
Scarlet Fever	0.43	0.55	1.69
Pneumonia	0.40	0.48	0.14
Polioomyelitis (Paralytic)	0.02	0.02	0.00
Dysentery	0.44	0.70	0.56
Meningococcal Infection	0.01	0.02	0.14

SCARLET FEVER.

During 1961 we experienced a marked increase in the incidence of Scarlet Fever within the district, there being 12 cases notified compared with 4 cases in 1960. One case occurred in the first quarter, 5 in the second, and 3 each in the third and fourth quarters of the year. Of these 7 were over the age of 10. The attack rate, at 1.69, was much higher than for the West Riding Administrative County at 0.55 which, in turn, was slightly higher than that for England and Wales, which was 0.43. Five cases were admitted to Hospital, not because of any serious degree of illness, but purely for convenience, as facilities were not available for nursing these young patients in their own homes.

Over the years Scarlet Fever has ceased to be a serious infectious disease. The current cases are almost always of a mild type which respond to treatment. There have been no deaths from Scarlet Fever since 1946.

WHOOPING COUGH.

Only two notifications of Whooping Cough were received in the Department during the year. One case was a female aged 1 year and the other a young boy of 7 years. Neither of them had been vaccinated against the disease. The attack rate of 0.28 was almost half the national average.

Vaccination against Whooping Cough, along with Poliomyelitis Vaccination, appears to be a "must" with most parents. No difficulty is ever experienced in persuading Mothers to have their children immunised against the disease, and I think this trend is reflected in the decline in notifications of Whooping Cough since immunisation was first introduced. The increase in numbers vaccinated continues, and during 1961, 103 children received protective treatment compared with 91 in 1960, the immunisation rate relative to the child population being 81.2.

Vaccine is available at my Office for issue to Medical Officers at Child Welfare Centres and to General Practitioners, on request, either as a single antigen or combined with the Diphtheria or Tetanus antigens. The demand for the Triple Vaccine greatly exceeds that for the single antigen, due, no doubt, to parents taking advantage of the fact that their children can get three-way protection with three injections, as against the five previously necessary.

MEASLES.

You will recall in my Annual Report for 1960 that no case of Measles was reported in the district. As this disease usually follows a biennial pattern, it was reasonable to suppose that the year 1961 would see a return of the incidence. We did not, however, expect it to return with such high incidence.



Commencing at the beginning of February the first cases were notified from Thurlstone, and by the end of the first quarter 121 cases had been reported, the spread of infection having reached the township. It was realised by now that here were the makings of a minor epidemic and this supposition was confirmed during the second quarter when a further 156 cases were notified, the majority of these residing in Penistone. Having reached its peak during high Summer, the outbreak subsided as quickly as it had begun, only 21 cases being notified during the last six months of the year. These were scattered through the Villages of Hoylandswaine, Cubley and Penistone Millhouse.

A total of 298 cases in all were notified, the age group principally affected being the 5 to 10 year olds, only 8 cases being reported over the age of 10 years. The attack rate of 42.15, as compared with 16.52 for England and Wales and 17.63 for the West Riding Administrative County, reflects and confirms the epidemic. It also serves to emphasise what I have said in previous reports, that Measles is a highly infectious disease and until something in the nature of a specific antigen is developed there will always be the risk of an epidemic. Few children, if they have not contracted the illness before entering School, fail to do so on commencing their School life. Parents must take every precaution when the disease is about and get medical advice if they have reason to believe their own children are affected. I was informed by my General Practitioner colleagues that this year the disease was of a mild nature and there were no deaths.

#### DIPHTHERIA.

Mention of this disease must again be made, not by reason of the fact that no cases were notified during 1961 in the Penistone Urban District, but rather to serve as a constant reminder that in certain parts of the Country cases are still being reported.

One must be fair and accept that most of the present generation of parents have never seen a case of Diphtheria and the suffering and distress it can cause. Children under the age of 13 suffer most and mortality is greatest in those under 5 years. Therefore, the earlier that anti-toxin is given then the less likely is Diphtheria to prove fatal. To ensure complete protection immunisation must be commenced when the infant is between 2 and 4 months old, and a reinforcing injection given when the child commences School at 5 years.

In the Penistone Urban District during 1961 the immunisation level fell, 111 children receiving primary immunisation compared with 147 in the previous year. Of this number 100 were under the age of 5 years, the remainder being between 5 and 15 years. At their first School Medical Examination only 33 children received booster doses of the antigen, as against 82 in 1960. Every effort is made by my fieldworkers to encourage parents to be immunisation conscious. I hope all who are entrusted with the care of young children will take heed of their message and have them protected.

#### FOOD POISONING.

Although 5 cases of Food Poisoning were notified during the year, they actually refer to one single family outbreak. (The Ministry of Health defines a family outbreak as comprising two or more cases of Food Poisoning confined to members of the same family). Happily, I can report that this was a mild attack which cleared up fairly quickly. The family had been to a Dinner Party the previous evening, all partaking of the same menu. Early next morning, without exception, they were affected with similar symptoms - vomiting, mild diarrhoea and general malaise, which rapidly cleared by evening. Obviously it was not possible to obtain a sample meal for analysis, but from enquiries I had made it would appear that the meat was suspect, as those other guests who had the meat course were also ill, whilst the remainder were not affected.



## TUBERCULOSIS.

There was an increase in the number of notified cases of Pulmonary Tuberculosis during 1961; 3 cases occurred compared with one in the previous year. The first notification was of a Schoolchild of 13 years, who was admitted to Wath Wood Isolation Hospital early in January where she remained until, after making a good recovery, she was discharged home six months later. At the time of writing this report I am informed that the girl is perfectly well and in full-time employment.

When a case of Pulmonary Tuberculosis is notified the whole resources of the Preventive Medical Services are brought into action. The Tuberculosis Health Visitor makes a thorough check of the home environment, the immediate family are persuaded to have chest X-rays, contacts are traced and every effort made not only to trace the source of the disease, but to arrest the spread of further infection. When Schoolchildren are involved even more stringent measures are necessary. In the case referred to above the School the girl attended was visited and Mantoux Testing with subsequent B.C.G. Vaccination carried out on her contacts in Class. Arrangements were made for those children showing a positive Mantoux reaction to be X-rayed at the Chest Clinic, permission having first been obtained from their parents. The children were X-rayed, but no evidence of the disease was discovered. Meanwhile the result of the X-rays carried out on the parents of the patient showed that her Father had an active lesion and he was immediately referred to the Chest Physician and removed to Hospital. I discussed the matter with the Medical Officer at the Works where this man was employed, and it was arranged to have all contacts checked by X-ray examination. This was carried out a few weeks later and the results showed no damage had been done.

Towards the end of December, 1961 the third case of Pulmonary Tuberculosis was notified, a 14-year old boy attending the same School as the girl whose history I have outlined in the previous paragraphs. In view of this new development it was decided to X-ray the whole School, including Teaching and Domestic Staff. This was an intensive combined exercise dependent on close liaison with the Divisional Education Officer, the Headmaster and his staff, and the Director and staff of the Mass Radiography Unit.

(The investigation took place early in 1962, but for the sake of continuity in the report I am taking the liberty of including it in the 1961 review)

The whole operation worked splendidly, and a few months ago I received the report from the Medical Director of the Mass Radiography Unit, in which he says "The survey appears to have been most valuable and three children were found to have Tuberculosis; two of these I considered to be active and one inactive. In addition one child was found to have an acute Pneumonitis which has resolved. The three children with suspected Tuberculosis were referred to the Chest Clinic and will now be under observation. I am awaiting the final confirmation of the diagnosis." In conclusion I would mention that a Master teaching at the School was found to have a degree of infection. This man was a non-resident in this district and his case was referred to the appropriate authority in his home area.

To a large School geared to a strict time-table this disruption to their routine must have proved most irksome, and I would like to place on record my appreciation for the wholehearted co-operation and help which was extended to me and my staff at all times. Had this not been so it would have been impossible to have accomplished anything.



MASS RADIOGRAPHY.

We did not have a visit from the Mass Radiography Unit during 1961, but as mentioned above the Unit visited a nearby Local Authority and advantage was taken of this fact to have X-rayed those cases which we had reason to believe were of an urgent nature.

B.C.G. VACCINATION.

This scheme of vaccination of 13/14 year old School children with B.C.G. was continued during the year. In the Schools concerned in the Penistone area the number tested was 193, of which 70 reacted to the test, indicating that they had already met with the Tuberculosis organism at some time in their life, and 123 were negative to the test, indicating that they were susceptible to the infection. Besides those 193 the children vaccinated in 1960 were retested to ascertain whether or not they had become converted to Tuberculin Positive (i.e. successfully vaccinated) and in all 124 were so tested, 118 being successfully converted and 6 about which we were less certain, although it was not necessary to insist upon revaccination. As in previous reports these figures mentioned above cover the whole of the Penistone area, Urban and Rural, since the children being tested come from all parts of the district.

SMALLPOX.

I am pleased to report that vaccinations against Smallpox increased during 1961, 11 children under the age of one year being vaccinated and 47 between the ages of 1 and 15 years. There were no revaccinations.

POLIOMYELITIS.

There was no case of Poliomyelitis notified in the Penistone Urban area during the year under review, and it is now five years since a case was reported in the district. I append below a table showing the figures as at the 31st December last for the Division as a whole.

Persons who had received two injections at 31st December, 1961:

Months	Age Group 1933-1942	Age Group 1943-1961	Age Group prior to 1933, but under 40 years.	Others
January - March	63	245	143	17
April - June	69	354	385	--
July - September	310	564	1,008	45
October - December	54	271	168	--
<u>TOTAL</u> .. ..	496	1,434	1,704	62

Total number of persons who received three injections during the year 1961 - 5,084.

Total number of fourth injections given to children between the ages of 5 and 12 years - 2,412.

GENERAL PROVISION OF THE HEALTH SERVICES.

HOSPITALS.

The General Hospitals available locally for the Penistone area are those in Barnsley and Sheffield. For certain parts of the area it may be more convenient to use the Huddersfield Hospitals.

Infectious Diseases are accommodated chiefly in Kendray Hospital, Barnsley, and others may be dealt with at Lodge Moor, Sheffield. Maternity cases are dealt with at Hallamshire Maternity Home, Chapeltown, St. Helen Hospital, Barnsley, and Princess Royal Maternity Home, Huddersfield.

LABORATORY FACILITIES.

All Laboratory work is carried out by the two Public Health Service Laboratories, one at Wakefield and one at the City General Hospital, Sheffield.

MORTUARY.

There is a Mortuary in Penistone and this serves the surrounding area.

AMBULANCE SERVICE.

I am very pleased to report the satisfactory working of the Ambulance Service in the district. Overall responsibility for the service is undertaken from the Ambulance Station at Hoyland. In the Penistone area itself two vehicles are based at the Fire Station, and during the year telephones have been installed in the drivers homes which enables them to be on call from 11-p.m. to 7-a.m. There has been no alteration in the vehicle establishment, but Committee approval has been given and it is hoped to obtain an extra vehicle very soon.

The Hoyland Station is now responsible for receiving all communications from the Maltby and Wath-on-Dearne Depots during the evenings.

The new Teaching Hospital at Sheffield has increased the carrying load, and it was thought that this would be offset by a decrease in journeys to the old established Hospitals. This has not materialised, and although a steady increase in the load has been maintained, this has not yet reached saturation point.

CLINICS.

Below are the tables showing the various Clinics held within the Penistone district and, in certain cases, figures indicating the number of attendances during 1961.

CHILD WELFARE CENTRES.

Name and Address of Centre. Name of Doctor and Nurse in attendance.	Day and Time of sessions.	Total Number of attendances during the year.	
PENISTONE Shrewsbury Road. Dr. M.V. Wilby, Miss R.M. Townend.	Monday p.m.	Number who attended for first time during 1961	Children up to 5 years
		326	2,202
CAWTHORNE Golf House. Dr. J.J. Smith (Retd. 30.9.61) Dr. J. Main Russell, Miss R.M. Townend.	Alternate Wednesdays p.m.	59	353



CHILD WELFARE CENTRES (Contd.)

Name and Address of Centre. Name of Doctor and Nurse in attendance.	Day and Time of sessions.	Total Number of attendances during the year.	
		Number who attended for first time during 1961	Children up to 5 years
MOBILE CLINIC - CROW EDGE Dr. S. Lindsay, Miss R.M. Townend.	Alternate Thursdays a.m.	45	189
MOBILE CLINIC - THURGOLAND Dr. J.J. Smith (Retd. 30.9.61) Dr. F.C. Armstrong, Miss R.M. Townend.	Alternate Thursdays p.m.	34	192

Other Clinics held at Shrewsbury Road, Penistone are :-

Ophthalmological; Ante-Natal Relaxation Classes;  
Poliomyelitis Vaccination; Speech Therapy; Chiropody.

An Ante-Natal Clinic is held at Shrewsbury Road, Penistone every Tuesday afternoon by the General Medical Practitioners of the area. The Midwives working in the Penistone Urban and Rural Areas attend and help in the ante-natal preparation of the expectant mother.

TUBERCULOSIS.

During 1961 the Clinic held at Weston House, High Street, Penistone, on the first and third afternoons of each month, was closed. Patients now attend the principal Clinic held at 46, Church Street, Barnsley, where the Tuberculosis Health Visitor attends to carry out liaison duties with the Chest Physician. She also carries out the domiciliary visiting in respect of Tuberculosis.

HEALTH VISITING SERVICE.

The Health Visiting staff in this area during the year has been under strength because of the illness of Miss K. Power, and it has been impossible to obtain any temporary help. The Health Visitors covering the Penistone Urban and Rural areas are :-

<u>Name.</u>	<u>Address.</u>	<u>Telephone No.</u>
Miss R.M. Townend.	Ashburn, Shelley, Nr. Huddersfield.	Kirkburton 472
Miss K. Power. (Off sick as from February, 1961)	11, Wood View, Elsecar, Nr. Barnsley.	Hoyland 3169

In January, 1962 the staff situation will deteriorate still further when Miss Townend leaves the district. So far there has been no application for the Penistone area, and it will mean that during 1962 Health Visitors from other parts of the Division will have to service these Health Visiting areas.

The number of visits carried out to the homes during 1961 by the Health Visitors was 1,578.



HOME NURSING SERVICE.

The staff at the 31st December, 1961 :-

<u>Name.</u>	<u>Address.</u>	<u>Telephone No.</u>
Mrs. M.E. Henderson.	22, Cross Lane, Stocksbridge.	Stocksbridge 3338.
Miss M. Thompson. (D.N.M.)	34, Victoria Street, Penistone.	Penistone 2267.
Miss S. Thwaites. (D.N.M.)	34, Victoria Street, Penistone.	Penistone 2267.
Mrs. R. Chambers. (Relief)	76, Fir Tree Estate, Thurgoland.	Stocksbridge 3370.

The area during the year was fully staffed so far as the Home Nursing Service was concerned, Miss Thwaites returning to her area in January, after successfully passing her Queen's District Training. All the Nurses are mobile and are available on the telephone.

During the year the Nurses in the Penistone Urban and Rural areas attended 235 cases, performing in all 6,158 visits.

During 1961 the Home Nurses were supplied with disposable Sterile Syringes, one Syringe being used for each patient and then disposed of. This obviated the need for boiling Syringes in a saucepan in each patient's home.

MIDWIFERY SERVICE.

The Midwives available as at the 31st December, 1961 :-

<u>Name.</u>	<u>Address.</u>	<u>Telephone No.</u>
Miss J.L. Bain.	"Plevna", Silkstone Common, Nr. Barnsley.	Silkstone 356.
Miss M. Thompson.	34, Victoria Street, Penistone.	Penistone 2267.
Miss S. Thwaites.	34, Victoria Street, Penistone.	Penistone 2267.

The Midwifery Service, so far as staff is concerned, has been up to strength. The midwives are mobile and are available on the telephone.

During 1961 the Midwives attended 90 confinements, 86 cases in the capacity of Midwives and 4 as Maternity Nurses. Of these cases 5 availed themselves of Gas and Air Analgesia and 40 of Trilene Analgesia. The Midwives, during the year, have each been provided with a Trilene Machine and, therefore, it is available to all expectant mothers in the area.

The duties of the midwife include ante-natal care of the expectant mother in the home and at the Clinic, delivery of the baby and visiting during the puerperium. In addition they run a thriving Ante-Natal Class for expectant mothers, where group discussions take place and demonstrations of various kinds, including instruction in useful exercises, are performed.

### DOMESTIC HELP SERVICE.

During 1961 there was a small increase in the number of hours allocated. In the Penistone Urban District the number of Domestic Help hours provided was 6,371, as compared with 6,099 in the previous year. In all, 14 Domestic Helps were employed in 30 homes, as compared with 13 Domestic Helps employed in 35 homes in the previous year. There were 24 cases continuing from 1960, but the others were new. The following table explains the type of cases whose homes were cared for :-

General cases, 65 years and over	...	...	24
General cases under 65 years	...	...	5
Tuberculosis cases	...	...	-
Maternity cases	...	...	1
Others	...	...	-
			<u>30</u>

This is a very valuable service, providing care for the old people and does, indeed, help them to remain longer in their own homes. Once again I must stress that however valuable this service is, it does not replace the help that can be and should be given by the family. Too many old people feel lonely and unwanted.

### CHIROPODY SERVICE.

The Chiropody Service which the West Riding County Council established throughout its area in 1960 continues to provide a much needed service in the community. In my report for 1960 I outlined the procedure for obtaining this treatment.

The service is in great demand and 97 patients attended the Clinic at Penistone during 1961; in all they received 421 treatments. During the same period 37 patients received domiciliary treatment, involving 120 treatments or visits to the homes. I have been informed by the Chiropodist that on seven occasions she made a domiciliary visit by appointment and found that the patient was not at home.

### MENTAL HEALTH SERVICE.

During 1961 steady evolution of the service took place and much progress was made, but a great deal has to be achieved before the service envisaged by the Minister of Health and the County Authorities is accomplished.

There are now two full-time Mental Welfare Officers established at the Divisional Health Office, Mortomley Hall, High Green, and along with a Senior Mental Welfare Officer they form a Mental Health team working very closely with the General Practitioners, the Consultant Psychiatrists and the Hospitals. These Officers are given every opportunity to keep abreast of current trends through Refresher Courses, Week-end Seminars and In-service Training Schemes.

Since the introduction of the new Act admissions to Hospital are arranged in a friendly, informal manner, with consultations taking place at the home of the patient between the General Practitioner, the Mental Welfare Officer and relatives. Encouragement and facilities for informal admission are given to the patient, and every effort is made to shorten the stay in Hospital. At the moment half the patients admitted to Hospital are ready for discharge after about three months stay, and many go home sooner. Approximately 66.7% of those with a severe degree of mental infirmity go home within six months, mainly due to advanced techniques and new drugs developed over the past few years.



Liaison meetings are held at the Mental Hospital, dealing mainly with the resettlement of patients and their after-care. In this connection notifications of discharged patients, with brief case histories, are sent to the Divisional Health Offices, and follow-up work is carried out by Mental Welfare Officers working very closely with other services who are able to assist in the resettlement of patients. These contacts are a valuable asset when dealing with Mental Health problems.

During last year the Hospital Plan for England and Wales was published. This outlined the new developments envisaged during the next 5 to 15 years. Some large Mental Hospitals will close down and in their place will be small new Psychiatric Hospitals. It is recommended that Psychiatric Units be attached to the larger General Hospitals, and more emphasis placed on community care and after-care. Also included are plans for the building of Hostels and sheltered Workshops, as occupational therapy is of great importance in the rehabilitation of the mentally ill patient. Major projects such as these take time to accomplish. There are a great many problems facing the planners, not to mention the economic factor.

In the meantime I feel we should concentrate on Mental Health education. The general public should be encouraged to learn the principles of positive mental health, that there is no stigma attached to a mental breakdown, that kindness and tolerance are as necessary to the healing of a sick mind as Psychiatry or Surgery. For those unfortunate enough to suffer from mental disorder we must aim for out-patient treatment, with admission to a Short-stay Hospital only in the event of the patient not responding to Psychotherapy.

Over the past twelve months we have had some insight into the new Mental Health Act and we have seen some of the problems facing the service. The future of Mental Health is a challenge to the Public Health Service, opening up exciting new avenues in the field of preventive medicine.

It is not possible to give separate figures with regard to the mental health situation in your district, but I am including below the figures for the combined Urban and Rural Areas.

#### Care and Guidance.

<u>16 years and over.</u>	<u>Male.</u>	<u>Female.</u>
In full employment ... ..	6	2
Fully employed and/or supervised at home.. ...	1	5
Working part-time ... ..	1	-
Training Centre... ..	2	2
Unemployable or Cot Cases ... ..	2	2
 <u>Under 16 years.</u>		
Training Centre... ..	2	2
For admission to Training Centre - 1962... ..	1	-
Working ... ..	3	-
Cot Case ... ..	-	1
	<u>18</u>	<u>14</u>

During the year arrangements were made for two cases to be admitted for short-stay accommodation at a Hospital for Subnormal Patients, in order that the parents could get away for a short holiday.

There were 10 discharges from Storthes Hall, 2 male and 8 female, and in 5 of those cases requests were made for after-care. Admissions to Storthes Hall by Mental Welfare Officers during 1961 were 13, 3 males and 10 females.



NATIONAL ASSISTANCE ACT, 1948.

No action was taken under Section 47 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

DISTRIBUTION OF WELFARE FOODS.

The amount of Welfare Foods issued in the Penistone Urban District during 1961 was as follows :-

National Dried Milk	-	901 tins.
Cod Liver Oil	-	525 bottles.
Vitamin A and D Tablets	-	345 (packets of 45)
Orange Juice	-	2,481 bottles.

These foods are issued at the following Centres throughout the Division on the days and times stated :-

<u>Address of Premises.</u>	<u>Days.</u>	<u>Times.</u>
<u>STOCKSBRIDGE URBAN DISTRICT.</u>		
Child Welfare Centre, British Hall, Stocksbridge.	Tuesday	10 - 12 a.m. 1.30 - 3.30 p.m.
	Friday	10 - 12 a.m.
<u>PENISTONE URBAN DISTRICT.</u>		
Child Welfare Centre, Shrewsbury Road, Penistone.	Monday	2 - 4 p.m.
<u>PENISTONE RURAL DISTRICT.</u>		
Child Welfare Centre, Golf Club, Cawthorne.	Alternate Wednesdays	1.30 - 3.30 p.m.
Stocksbridge Co-op., Crane Moor, Thurgoland.	During shop hours.	
Mrs. Thickett, Post Office, Oxspring.	During shop hours.	
<u>HOYLAND NETHER URBAN DISTRICT.</u>		
Mrs. Mellor, Queen Street, Hoyland Common.	Thursday	2 - 4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Hoyland.	Tuesday	11 - 12 a.m. 2 - 4 p.m.
<u>WORTLEY RURAL DISTRICT.</u>		
Clinic, Parish Hall, Oughtibridge.	Thursday	2 - 4 p.m.
Clinic, Memorial Hall, Worrall.	Alternate Tuesdays	2 - 4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Chapeltown.	Wednesday	11 - 12 a.m. 2 - 4 p.m.
Clinic, Methodist Chapel, High Green.	Tuesday	2 - 4 p.m.
Colley Estate Clinic, Wordsworth Ave., Sheffield, 5.	Monday Wednesday	2 - 4 p.m. 2 - 4 p.m.
Clinic, Methodist Chapel, Norfolk Hill, Grenoside.	Thursday	2 - 4 p.m.
Child Welfare Centre, Scout Hall, Tankersley.	Alternate Mondays	2 - 4 p.m.

<u>Address of Premises.</u>	<u>Days.</u>	<u>Times.</u>
<u>WORTLEY RURAL DISTRICT (Contd.)</u>		
Child Welfare Centre, Knowle Top, Stannington.	Wednesday	2 - 4 p.m.
Child Welfare Centre, Congregational Church, Loxley.	Alternate Tuesdays	1.30 - 3.30 p.m.
Mrs. Iles, Post Office, Wharncliffe Side.	Friday	2 - 4 p.m.

SANITARY CIRCUMSTANCES OF THE AREA.

(Prepared by Mr. D. Tutin)

The following is a tabulated list of inspections made during the year :-

DWELLING HOUSES. 1961

Inspections under Housing Regulations.	53
Reinspections under Housing Regulations.	71
Inspections not under Housing Regulations.	82
Reinspections not under Housing Regulations.	154

NUMBER OF VISITS TO:

Slaughterhouses	...	...	631
Butchers Shops	...	...	9
Other Food Premises	...	...	87
Public Conveniences	...	...	11
Market	...	...	130
Licensed Premises	...	...	7
Refuse Tips	...	...	63

INSPECTIONS UNDER:

Petroleum Acts	...	...	42
Factories Acts	...	...	36

INFECTIOUS DISEASES:

Primary Visits	...	...	18
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DRAINAGE:

New lengths inspected and tested	...	...	87
Drainage Nuisances	...	...	33

OTHER INSPECTIONS & VISITS.

Rodent Control	...	...	33
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NUISANCES ETC. ON BOOKS WITH NUMBER OF NOTICES SERVED.

2057

Nuisances in hand, end of 1960	...	...	42
Nuisances found during 1961	...	...	46
Notices served, informal	...	...	46
Nuisances abated during 1961	...	...	41
Nuisances outstanding at end of 1961...	...	...	47

CLOSET ACCOMMODATION.

1961

Approximate number of Water Closets	...	...	2897
" " " Privies	...	...	42
" " " Waste Water Closets	...	...	10



### FOOD PREMISES.

The following food premises exist in the area :-

- 29 Grocers and General Dealers.
- 6 Confectioners and Sweet Shops.
- 3 Bakehouses.
- 1 Chicken Processing Factory.
- 6 Butchers.
- 3 Greengrocers.
- 2 Snack Bars.
- 6 Fried Fish Shops.
- 16 Licensed Premises.

Included in the above are 29 premises which are licensed for the sale of Icecream, and in addition to these at least 26 mobile Food Shops and Vans are known to operate in the area. During the year many inspections have been made of these various types of food premises and the standard generally has been satisfactory.

### MEAT INSPECTION.

The number of animals killed during the year dropped to just under 23,000, showing a reduction of approximately 6,500 as compared with last year's figure. This reduction, however, took place mainly in the number of sheep and pigs killed whilst in actual fact there was an increase in the number of cattle which was slaughtered. This means, in effect, that the actual work entailed in carrying out the meat inspection was not greatly affected, and although overtime worked by the Meat Inspectors is lower than it was a few years ago I still feel that it is unnecessary that any overtime should be required at all. Construction work at the four slaughterhouses continued during the year and towards the end the work was almost completed. Some statistics regarding meat inspection and private slaughtering are given in Appendix I to this report.

### INFECTIOUS DISEASES.

During the year all notified cases of infectious disease were visited and, where necessary, the premises disinfected.

### REFUSE COLLECTION AND DISPOSAL.

The refuse collection service continued on the same lines as in the previous year. The men on the refuse vehicle have been encouraged to do a reasonable amount of overtime in order to improve the service. Help has also been forthcoming from a number of men in the other departments of the Council and I am sure this has been appreciated by everyone concerned. With the continuance of building in the area, however, it is becoming more than ever apparent that the Council must consider purchasing an additional refuse vehicle during the next financial year.

### SALVAGE.

The sale of waste paper during the year realised the sum of £168. 6s. 1d. and the sale from other salvage realised the sum of £1. 12s. 6d.

### RODENT CONTROL.

One of the Council's workmen attended a Course on Rodent Control sponsored by the Ministry of Agriculture, Fisheries and Food. Following this I think we have been able to offer a more satisfactory service than in the previous year. All complaints concerning rodent infestation have been visited and the necessary treatment carried out. In addition to this the Sewage Works, Refuse Tip and Council Allotments have been regularly visited and treated. On one occasion during the year the Refuse Tip and adjoining land was given a full scale treatment, using hydrogen cyanide gas.



## HOUSING AND PROPERTY MANAGEMENT.

Towards the beginning of the year an additional firm of Building Contractors was employed to carry out housing repairs on the Park Avenue Estate, and every effort was made to reduce the large backlog of repair work which had built up. During the year 122 Council houses were painted by contract and the total cost of repair work, including painting, was nearly £7,000.

The scheme for the replacement of obsolete cooking ranges by tiled surrounds was continued, and a further 46 houses had this work carried out, the cost being charged as an addition on the rent. The Council continued to build new houses at a similar rate to the previous year, 24 houses being completed at Church View Crescent, Penistone, and 8 at Royd Avenue, Millhouse Green. A further 4 houses were in course of construction at Royd Avenue.

### NEW HOUSES.

11 private houses were built during the year, bringing the total number of houses in the district to 2,516. This takes into account the fact that 6 houses were closed under the provisions of the Housing Act.

### FACTORIES ACTS.

Appendix II to this report gives the details of factories in the area as required by the Ministry of Health. It will be noted from this that 80 visits were made to factories during the year, and in one or two cases minor defects were found which were corrected after informal action was taken.

### SEWERS AND SEWAGE DISPOSAL WORKS.

Conditions at Springvale Sewage Disposal Works continued to decline, and in the early part of the year the Council decided to proceed with a proposed scheme for new Disposal Works at an estimated cost of £120,000. The Consulting Engineers, Messrs. A.H.S. Waters and Partners, are proceeding with the details of the scheme, which I hope to see in operation as soon as possible. The Disposal Works at Hoylandswaine and Thurlstone continued to function satisfactorily during the year, although I can see that in the not too far distant future the latter will become overloaded and some positive action will have to be taken.

### CATTLE MARKET.

The table below shows the total number of animals passing through the market during the year. The figures in brackets indicate the numbers during the previous year.

	CATTLE.	CALVES.	SHEEP.	PIGS.	TOTAL.
Dairy.	60 (43)	- -	144 (403)	432 (355)	636 (801)
Fatstock.	3481 (2482)	257 (120)	3610 (2810)	1822 (1415)	9170 (6827)
				Total	9806 (7628)

A P P E N D I X I.

MEAT AND FOOD INSPECTION.

YEAR ENDING DECEMBER, 1961.

All animals whose slaughter was notified during the year have been inspected and those showing evidence of disease examined in detail.

The total weight of meat and offal condemned as unfit for human consumption was 13 tons 4 cwt. 2 qrs.

	W.MARSDEN.	A.MARSDEN.	HELLIWELL.	HINCHLIFF.	TOTAL
Cows.	1,872	-	9	21	1,902
Other Cattle.	1,609	97	104	315	2,125
Calves.	282	-	-	-	282
Sheep.	8,501	55	245	216	9,017
Pigs.	9,225	-	88	314	9,627
				TOTAL	22,953

The following table shows the number of animals slaughtered and the percentage affected with tuberculosis or other diseases :-

Class of Animal.	Cows	Cattle Excluding Cows	Calves	Sheep and Lambs	Pigs
Number Inspected.	1902	2125	282	9017	9627
<u>All diseases except Tuberculosis.</u>					
Whole carcasses condemned.	2	2	3	16	6
Carcasses of which some part or organ was condemned.	693	158	1	91	2406
Percentage of carcasses affected with disease other than tuberculosis.	36.4%	7.5%	1.09%	1.18%	25.05%
<u>Tuberculosis Only.</u>					
Whole carcasses condemned.	-	1	-	-	2
Carcasses of which some part or organ was condemned.	5	2	-	-	105
Percentage of carcasses affected with tuberculosis.	.26%	.14%	-	-	1.1%

OVER/.....



Details of carcasses and part carcasses condemned are given below:-

<u>Class of Animal.</u>	<u>Disease or Condition.</u>
1 Carcase of beef and offal	- Tuberculosis.
1 Carcase of beef and offal	- Septicaemia.
1 Carcase of beef and offal	- Blackquarter.
1 Carcase of beef and offal	- Moribund.
1 Carcase of beef and offal	- Decomposition.
1 Carcase of pork and offal	- Decomposition.
1 Carcase of pork and offal	- Toxaemia.
1 Carcase of pork and offal	- Septic.
1 Carcase of pork and offal	- Fevered.
1 Carcase of pork and offal	- Badly bled.
2 Carcases of pork and offal	- Tuberculosis.
1 Carcase of pork and offal	- Abscesses.
4 Carcases of mutton and offal	- Oedema.
1 Carcase of mutton and offal	- Pneumonia.
1 Carcase of mutton and offal	- Emaciation.
1 Carcase of mutton and offal	- Decomposition.
1 Carcase of mutton and offal	- Badly bled.
1 Carcase of mutton and offal	- Moribund.
8 Carcases of veal and offal	- Septic Pneumonia.
1 Carcase of veal and offal	- Dead on arrival.
1 Carcase of veal and offal	- Moribund.

The following offals were condemned for various reasons too numerous to set out in detail:-

79 Beasts heads and tongues.	5 Sheeps lungs.
319 Beasts livers.	40 Sheeps plucks.
56 Beasts intestines.	40 Sheeps livers.
473 Cows udders.	67 Pigs plucks.
22 Beasts lungs.	2174 Pigs lungs.
9 Beasts hearts.	75 Pigs livers.
7 Beasts kidneys.	101 Pigs heads.
2 Beasts skirts.	7 Pigs kidneys.
4 Beasts spleens.	14 Pigs intestines.

A P P E N D I X    II

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH  
IN RESPECT OF THE YEAR 1961 FOR THE  
URBAN DISTRICT OF PENISTONE  
IN THE COUNTY OF YORKSHIRE.

PREScribed PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937  
PART I OF THE ACT.

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	3		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	28	68		
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	5	9		
	34	80		

2 - Cases in which DEFECTS were found  
(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

(1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Sanitary Conveniences. (S.7)					
(b) Unsuitable or defective	2	1		2	
(c) Not separate for sexes	1	1		1	
Total	3	2		3	



